



State of Connecticut
Department of Rehabilitation Services
Interpreting Unit

FEDERAL AGENCY
AGREEMENT FOR SIGN LANGUAGE INTERPRETING SERVICES

TERMS AND CONDITIONS

1. **Parties.** Pursuant to Conn. Gen. Stat. § 46a-33b, this agreement is entered into by and between the State of Connecticut, Department of Rehabilitation Services (hereinafter "Department") and _____ (hereinafter "Customer").
2. **Term.** The term of this agreement shall be for the period commencing on 07/01/2015 and ending on 9/30/2016. This term may be extended by amending the agreement according to Paragraph 3 of this agreement.
3. **Amendment.** This agreement may only be amended by formal written amendment to this agreement, signed by both parties and approved by the Office of the Attorney General where applicable.
4. **Services.** The Department, through its staff, offers sign language interpreting services for deaf and hard of hearing individuals. Staff interpreters are certified by either the National Association of the Deaf (NAD), or the National Registry of Interpreters for the Deaf (RID) and they are registered with the Department, as required by law.
5. **Fee.**
 - (a) **Hourly rate.** Customer agrees to pay \$55 per hour, per interpreter, for interpreting services.
 - (b) **Travel time.** Customer agrees to pay for the interpreter's travel time to and from the requested location at the rate of \$55 per hour, per interpreter.
 - (c) **Minimum fee.** Each request for services shall be billed a minimum of two hours (inclusive of travel time) per interpreter.
6. **Request for Services.**
 - (a) **Deadline for Requests.** Customer should request services at least ten (10) business days in advance from the Department's Interpreting Unit.
 - (b) **Additional Advance Notice.** Requests for services for conferences, workshops, training, require fifteen (15) business days advance notice.
 - (c) **College or ongoing mainstream classes.** Request for services for college classes or ongoing mainstream classes should be made at least thirty (30) days in advance.
 - (d) **Components of Request.** Request for services may be made by phone (860-697-3570); fax (860-730-8413); or by e-mail to DORS.Interpreting@ct.gov. Each request must contain the following information:
 - Name of requesting entity and individual making the request
 - Address, phone number and e-mail of the requesting entity
 - Name of the deaf or hard of hearing person(s)
 - Date of services needed
 - Start and end times of requested services
 - Length of time that services will be needed
 - Purpose of interpreting services

- Address and telephone number of location where services will be needed
 - Name, phone number, and e-mail address for assignment on-site contact person
- (e) Additional Information. The Department's Interpreting Unit shall request any additional information that it determines is pertinent to the request for services.

7. Cancellation of Services.

- (a) Cancellation. Customer must make cancellations of any requested services directly to the Department's Interpreting Unit. Cancellation requests may be made during regular business hours, 8:30 a.m. – 5:00 p.m., Monday through Friday.
- (b) Method of Cancellation. Cancellation requests may be made by phone (860-697-3570); fax (860-730-8413); or by e-mail to DORS.Interpreting@ct.gov.
- (c) Cancellations (Unbillable). In order to avoid being billed, all cancellations must be made 48 hours in advance of the requested services.
- (d) Charges for Untimely Cancellation (Billable). If services are not cancelled within 48 business hours in advance of the requested services, Customer shall be charged for the length of time that services were requested. If services are cancelled after the interpreter has arrived or is en route to the location, then Customer shall be charged the length of time that services were requested, plus the interpreter's travel time to and from the location. A minimum of two hours will be charged for an untimely cancellation.

8. Processing Requests for Service; No Guarantee; Confirmation of Service Scheduling; Unforeseen Circumstances.

- (a) The Department shall process all requests in the order in which they are received.
- (b) There is no guarantee that services will be provided for every request that the Department receives.
- (c) The Department will make reasonable efforts to confirm via phone or e-mail that the requested services will be provided. However, the Department encourages Customers, short notice or otherwise, to follow up with the Interpreting Unit to check the status of their requests if they have not yet received a phone or e-mail confirmation.
- (d) In the event of unforeseen circumstances of unsafe travel, inclement weather, assignment site conditions or interpreter illness, interpreter services may not be provided. Customer shall not be charged for services that could not be provided due to unforeseen circumstances.
- (e) Requests made less than ten (10) business days from the requested service date(s) are considered to be "short notice" requests. The Department will make reasonable efforts to secure services though there is no guarantee.

9. Number of Interpreters Assigned. The Department shall determine the number of interpreters that are to be assigned to each request for services. When more than one interpreter is assigned, they are to work as a team.

10. Emergency services.

- (a) Emergency defined. Emergency requests for services are assigned a high priority status for purposes of scheduling. An "emergency" is defined as "urgent and essential to health, safety, and welfare of the citizens of the State of Connecticut." The Department's Interpreting Unit shall determine whether a request constitutes an emergency.
- (b) Requesting Emergency Services.
- i. Regular Business Hours. To request emergency services, Monday through Friday 8:30 a.m. to 5:00 p.m., please phone the Interpreting Unit at 860-697-3570.
 - ii. After Hours, Weekends, and Holidays. To request emergency services after hours (5:00 p.m. to 8:30 a.m.), on weekends, and on holidays, please phone the Department's Answering Service at 888-308-9504 (voice). This number is not to be called for any other purpose.
- (c) Rate. Emergency services shall be provided at the same rate as basic services in Paragraph 4 above.

11. Payment.

- (a) The Department shall prepare an invoice detailing services rendered and submit such invoice to the Customer after services have been rendered.
- (b) Customer shall review the invoice and make payment in accordance with FAR 52212-4.
- (c) Non-payment may result in denial of interpreting services.

12. Liability. Each party shall be solely liable for any claims, actions, demands or damages arising out of their acts or omissions or their employees in the performance of this Agreement.

13. Choice of Law. This Agreement shall be construed in accordance with and governed by Federal Law.

14. Termination for Convenience.

- (a) In addition to the Customer's rights under FAR 52.212-4 to terminate this Agreement, the Department may terminate performance of work under this Agreement in whole or in part whenever for any reason the Department shall determine that such termination is in the best interest of the Department and/or the State of Connecticut.
- (b) This Agreement shall remain in full force and effect for the entire term of the Agreement as stated in Paragraph 2 above unless terminated by the Department, by giving the Customer written notice of such intention, or terminated by the Customer in accordance with FAR 52.212-4. The required number of days written notice is 15 days. In the event that the Department elects to terminate this Agreement pursuant to this provision, the Department shall notify the Customer by certified mail, return receipt requested. Termination shall be effective as of the close of business on the date specified in the notice.

APPROVALS AND ACCEPTANCES:

CUSTOMER: _____

BY _____ DATE: _____

Name of signatory _____

Title of signatory _____

State of Connecticut

DEPARTMENT OF REHABILITATION SERVICES

The Department herein (circle one) IS or IS NOT a Business Associate under HIPAA.

BY _____ DATE: _____

Name of signatory _____

Title of signatory _____

OFFICE OF THE ATTORNEY GENERAL

This contract template having been reviewed and approved as to form by the Office of the Attorney General is exempt from review pursuant to a Memorandum of Agreement between the Office of the Attorney General and the Connecticut Department of Rehabilitation Services/Interpreting Unit.



State of Connecticut
Department of Rehabilitation Services
Interpreting Unit
BILLING AUTHORIZATION

Customer Account Information (please print):

Name of Entity: Business/Company/Agency _____

Authorized Representative: Signature _____ Date _____

Authorized Representative: Name/Title (printed) _____

Authorized Representative: Direct phone number _____

Authorized Representative: E-mail Address _____

Billing Information (please print):

Name _____

Dept. / Division _____

Address _____

City/State/Zip _____

Attn. (incl. Title) _____

Active Phone Number _____

Fax number _____

E-mail Address _____

Please indicate if you prefer to receive bills: _____ via e-mail, or _____ by mail

Please complete and return authorization form by e-mail, mail or fax.

Phone: 860-697-3570 Fax: 860-730-8413 E-mail: DORS.Interpreting@ct.gov

Mailing address: 184 Windsor Avenue, Windsor, CT 06095

PAYMENTS should be submitted to:

Dept. of Rehabilitation Services, Fiscal Services Unit, 55 Farmington Ave., 12th Floor, Hartford, CT 06105



State of Connecticut
Department of Rehabilitation Services
Interpreting Unit

SERVICE REQUEST

Title of requesting entity: _____

(Business, Company, Agency, Practice name)

Name of individual submitting this request: _____

Phone number of individual submitting this request: _____

(Confirmations are only provided by email)

E-mail address to send confirmation to: _____

Name of Deaf or Hard of Hearing Participant(s): _____

Situation: *(i.e., investigation, trial, interview, surgery, routine appointment, meeting)*

Logistical Information:

Date(s) _____ Start Time _____ am/pm End Time _____ am/pm

Assignment Location: _____ Bldg/Suite: _____

Address: _____ Floor and Room# _____

City/State/Zip: _____

On-site Contact: _____ Active Phone Number: _____

Specific Assignment Information: *Please only fill in below section if applicable*

JUDICIAL: GA# _____ Docket #: _____

Charges: _____

DCF: Link # _____ Child ID# _____ Child Name _____

DOL: Cost Center # _____

Medical: Department _____ Doctor Name: _____

Nature of medical appointment: _____

Other additional information *(i.e., parking, specific directions)*: _____

Specific interpreter preferred *(i.e., gender, CDI, legal)*: _____

Please complete and return by e-mail, mail or fax.

Phone: 860-697-3570 Fax: 860-730-8413 E-mail: DORS.Interpreting@ct.gov

Mailing address: 184 Windsor Avenue, Windsor, CT 06095

For Office Use Only:

Received:

Assignment #: